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(Re	questor's Name)	
(Ad	dress)	
— (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER DEC 22 2011

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: _	,	KBM, LLC				
Sebuber _		mited Liability Company		-		
	Articles of Amendment and fee(s) are s	•				
	-					
		Christopher Richardson Name of Person				
		Name of Person				
		KBM, LLC		_		
		Firm/Company				
	90	00 Glades Road, Suite 2	>			
		Address			60	
				ALC:	=	
		Boca Raton, FL 33431		_ À ₹	2011 DEC 19	1
		City/State and Zip Code		TAR	-	era Mela lama Linda mera era Ma
	C	richardson@rdhllc.com		- Č.		1
		: (to be used for future annual repor	t notification)	F.S.	7K	eka . m. g ku . m.
For further infe	formation concerning this matter, please	call:	•	STATE	M 10: 2	
	Kenneth Richardson	at (561)	391-8880	1>		
	Name of Person		Daytime Telephone Numb	ber	-	
Enclosed is a c	check for the following amount:					
✓ \$25.00 Fili	· ·	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifi	Filing Fee cate of Si ed Copy onal copy	tatus &	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/CO Registration S Division of C Clifton Build	Corporations			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KBM, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability (Florida document numberL0900021130			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compan	y," the designation	72
Enter new principal offices address, if applicable:			LAHA LAHA
Principal office address MUST BE A STREET ADDI	RESS)		C C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			BECRETARY OF STATE ALLAHASSEE. FLORIDA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		or records, <u>ente</u>	er the name of the n
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Ente	Enter Florida street address	
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Kenneth Richardson	900 Glades Road Suite 2 Boca Raton, FL 33431	Add ✓ Remove
MGR	Sth Invostments of Champaign, Inc	900 Glades Road Suite 2 Boca Raton, FL 33431	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	BII DEC 19 A
 Dated	December 19 2	<u>011</u> .	
	Signature of a member	er or authorized representative of a member	
		enneth Richardson	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00